

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011388

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1874

1874

VS 300
Rev. 4/59

1

23788

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4 0

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9410X

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12/8-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF James W. Fowler MEDICAL CERTIFICATION

1. PLACE OF DEATH APR 16 1962

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City

c. FULL NAME OF (If NOT in hospital, give location) Trinity Lutheran Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5513 W. Ardmore Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last

Herbert Louis Stewart

4. DATE OF DEATH Month Day Year

4 - 2 - 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/27/1918

9. AGE (last birthday) 44

IF UNDER 1 YEAR Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Superintendent

10b. KIND OF BUSINESS OR INDUSTRY K.C. Public Works

11. BIRTHPLACE (City and state or country) K.C., Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm L. Stewart

13b. MOTHER'S MAIDEN NAME Daisy Pearl Johnson

14. NAME OF HUSBAND OR WIFE Alice Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT Address 2 Alice Stewart K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) EMBOLIC DISEASE OF LUNGS, KIDNEY, SPLEEN

INTERVAL BETWEEN ONSET AND DEATH

10 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) MITRAL STENOSIS

10 YRS

DUE TO (c) CHRONIC RHEUMATIC HEART DISEASE

15 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CHRONIC PYELONEPHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 23 FEB 62 to 2 APR 62 and last saw him alive on 2 APR 62

Death occurred at 3 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James W. Fowler, M.D.

22b. ADDRESS 1103 GRAND AVE. KANSAS CITY, MO.

22c. DATE SIGNED 3 APR 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE 4/5/1962

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR ADDRESS C. H. Blackman & Son K.C., Mo

25. DATE RECD. BY LOCAL REG. 4-3-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER-RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address KC 24, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.